

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 9

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TEXAS HOMECARE PAC

A. Full Name (Last, First, Middle Initial) Ms. Lisa Jean Long Mailing Address 13306 Star Heights Drive City San Antonio State TX Zip Code 78230 FEC ID number of contributing federal political committee. C Name of Employer Owner/CEO/Administrator Occupation Patience Home Health Care Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1250.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.5007 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">1250.00</td> </tr> </table> Contribution	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	7		2	0	0	7	1250.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	2		2	7		2	0	0	7																							
1250.00																																
B. Full Name (Last, First, Middle Initial) Ms. Dana Madison Mailing Address 3510 156th Street City Lubbock State TX Zip Code 79423 FEC ID number of contributing federal political committee. C Name of Employer Calvart Home Health Care Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.5013 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table> Contribution	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	7		2	0	0	7	1500.00									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	2		2	7		2	0	0	7																							
1500.00																																
C. Full Name (Last, First, Middle Initial) Mr. Roberto Rodriguez Mailing Address 23702 Jenkin's Hill City San Antonio State TX Zip Code 78255 FEC ID number of contributing federal political committee. C Name of Employer Access Quality Therapy Sv-c. Occupation President/CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 416.66		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> Transaction ID: SA11A1.5000 Amount of Each Receipt this Period <table border="1"> <tr> <td colspan="10">416.66</td> </tr> </table> Contribution	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	7		2	0	0	7	416.66									
M	M	/	D	D	/	Y	Y	Y	Y																							
0	2		2	7		2	0	0	7																							
416.66																																

SUBTOTAL of Receipts This Page (optional)

3166.66

TOTAL This Period (last page this line number only)